

_____ SAFETY PERMIT	
DATE ISSUED	PERMIT NUMBER
THIS IS TO CERTIFY THAT THE BELOW NAMED INDIVIDUAL IS AUTHORIZED TO _____ ON FORT _____, AK., MILITARY RESERVATION IN COMPLIANCE WITH APPLICABLE MILITARY, STATE AND FEDERAL LAWS AND REGULATIONS. IT IS MY RESPONSIBILITY TO COMPLY WITH INSTRUCTIONS OF THE PERMIT AND TO PERSONALLY GO TO NAD GET CLEARANCE FROM THE MILITARY POLICE DESKS, BLDG _____, TELEPHONE _____, PRIOR TO ENTERING OR CROSSING THE RESERVATION, AND CALL UPON COMPLETING MY ACTIVITY	
USARAK Form 440, 1 Sep 94 Previous editions is obsolete	
DATA REQUIRED BY THE PRIVACY ACT OF 1974	
AUTHORITY: Executive Order 9397 PURPOSE: To gain positive identification of each individual that requests a Safety Permit card for USARAK Installations. USES: Military Police Personnel will use the information to positively identify individuals who are issued the Safety Permit for the USARAK military reservations. The Porvost Marshal Office may gain access to the social security number on persons with permits who commit violations. DISCLOSURE: Disclosure is voluntary, however, if individual does not disclose requested information, a permit will not be issued.	

_____ SAFETY PERMIT	
NAME AND SSN OF HUNTER	SIGNATURE OF HUNTER
SIGNATURE OF ISSUING AUTHORITY	
STATE LICENSE NUMBER	() RESIDENT () NON-RESIDENT
REMARKS	